

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

18931

State File No. \_\_\_\_\_

2411

FILED JUN 22 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>20th &amp; W. 3rd.</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				STREET ADDRESS (If rural, give location) <u>12 219 West 9th St.</u> <u>3128</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Gwinn</u>		a. (First) <u>H.</u>		b. (Middle) <u>Robinson</u>		c. (Last) _____	
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 3, 1955</u>							
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>single</u>		<b>8. DATE OF BIRTH</b> <u>Jan. 10, 1895</u>	
<b>9. AGE</b> (In years last birthday) <u>60</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>clerk</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Rich-Con. Hdwe. Co. Virginia</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Sampson Robinson</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Pauline Love</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W. #1</u>		<b>16. SOCIAL SECURITY NO.</b> <u>495-05-0934</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Rush Y. Robinson, Port Neches, Texas</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Cerebrovascular accident</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Heart Disease</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>May 20</u> , 19 <u>55</u> , to <u>June 3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>55</u> , and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>				<b>23b. ADDRESS</b> <u>Kansas City, Mo.</u>		<b>23c. DATE SIGNED</b> <u>June 4, 1955</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>removal</u>		<b>24b. DATE</b> <u>June 6, 1955</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Maple Hill Cemetery</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City, Kansas</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>6-4-55</u> <u>Neve Marshall</u>				<b>REGISTRAR'S SIGNATURE</b> <u>Neve Marshall</u>			
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Gates Funeral Home, Kansas City, Kans.</u>				<b>ADDRESS</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

Ha. 4260  
Dr. O'Hearn  
Dr. Bivins  
5421 Wyand

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 47

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.